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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/735,497
		Filing Date	12/12/2003
		First Named Inventor	Joshua D. Rabinowitz
		Art Unit	1616
		Examiner Name	
Total Number of Pages in This Submission	4	Attorney Docket Number	00025.03CON

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Elaine C. Stracker - 43,166
Signature	
Date	DEC. 13 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

Typed or printed name	Elaine C. Stracker
Signature	
Date	DEC. 13 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/735,497
Filing Date	12/12/2003
First Named Inventor	Joshua D. Rabinowitz
Art Unit	1616
Examiner Name	
Attorney Docket Number	00025.03CON

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.

CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

<input type="checkbox"/>	Customer Number	<input type="text"/>
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	IP Department (Alexza MDC)
---	----------------------------

Address	1001 East Meadow Circle
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Address	
---------	--

City	Palo Alto	State	CA	ZIP	94303
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Country	
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Telephone	<input type="text"/>	Fax	<input type="text"/>
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- This request is made on behalf of myself and
- all the attorneys/agents of record,
 - the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name	Elaine C. Stracker
Signature	
Date	DEC. 13 2004
Registration No.	43,166

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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First Named Inventor	Joshua D. Rabinowitz
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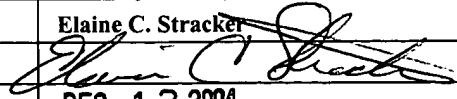
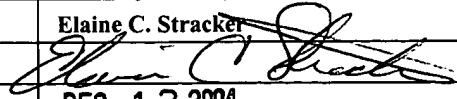
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OR

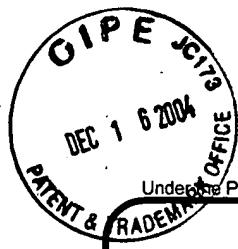
<input checked="" type="checkbox"/> Firm or Individual Name	IP Department (Alexza MDC)				
Address	1001 East Meadow Circle				
Address					
City	Palo Alto	State	CA	ZIP	94303
Country					
Telephone		Fax			
<input checked="" type="checkbox"/> This request is made on behalf of myself and <input type="checkbox"/> all the attorneys/agents of record, <input type="checkbox"/> the attorneys/agents (with registration numbers) listed on the attached paper(s), or <input type="checkbox"/> the attorneys/agents associated with Customer Number 					

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Name	Elaine C. Stracker 	Registration No.	43,166
Signature			
Date	DEC. 13 2004		

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PTO/SB/83 (06-03)

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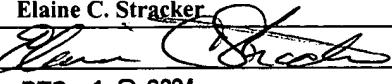
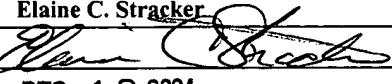
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Address					
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Telephone	<input type="text"/>	Fax	<input type="text"/>		
<input checked="" type="checkbox"/> This request is made on behalf of myself and					
<input type="checkbox"/> all the attorneys/agents of record,					
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